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| 1. PLACE OF BIRTH County Sila | ARIZONA STATE BOARD OF BUREAU OF VITAL STATISTI STANDARD CERTIFICATE OF B | og Stata Rila No. :/7/ |
|---|---|--|
| District or Township | State | |
| City Manie | No 90 7 See 10 | 7 |
| D_{\bullet} | No. (If hirth occurred in a hospital | ivan St., |
| 2. Full name of child 05 | a Varela | or institution, give its NAME instead of street and number |
| 3. Sex of Child To be answered ON | Y 4. Twin, triplet or ather | If child is not yet named, mak supplemental report, as directed |
| camale births. | A | 17 Dags -4. / |
| 8. PATHER | | of birth Jefoby 31 -192 Month Day Year |
| Full name Carnelio | Vareta Full maiden: | MOTHER |
| 9. Residence | Vaca Full maiden | name Trabel Bigles |
| (Usual place of abode) | 15 Residence | |
| If non-resident, give place and state. | (Usual place | |
| 10. Color or race | 16 Color or ra | ent, tilve place and state. |
| White II. Age at la | et birthday 21 (Years) | · |
| | (Years) V// | 17. Age at last birthday 2-2 (Years) |
| 12. Birthplace (city or place) | 18. Birthplace | |
| | Corado. (State or coun | 7 |
| 13. Occupation | Lormon 19. Occupation | |
| Nature of industry | Nature of ind | 1 Louise 7 h |
| 20. Number of children of this mother | | |
| (Taken as at a | (h) Born alive and now living | 21. Were precautions taken against oph- |
| morading this child.). | (c) Stillborn | the model of the first of the f |
| I hereby certify that I attended the birth o | TIFICATE OF ATTENDING PHYSICIAN OR | MIDWIPE* |
| When there was no attending physician or midwife, then the father, householder, etc., should make this recer. | this child, who was Orn all or stillbox | m.), at 2 pm. on the date above stated |
| child in one thee | , | ener alrama. |
| shows other evidence of life after birth, | | |
| Given name added from a supplemental report | Address Bw / | (Physician or midwife). |
| Month, day, y | Address. | 066. |
| Registrar | Filed Part S 19 | 2) 6.5. 3 |
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